

## Lone Star Riverboat Cruises

### *Lone Star Pump-outs: January 2018-October 2020*

2020	2019	2018
February 7	March 22	March 7
February 25	May 2	June 1
June 12	June 7	July 13
September 8	June 8	September 25
October 19	July 5	December 28
	August 7	
	September 18	
	October 21	
	December 11	

#### **Notes:**

*Lone Star* has two 200-gallon capacity holding tanks. Each date listed above represents one 200-gallon pump-out.

As part of contract compliance, Lone Star Riverboat provides PARD with monthly reports, including invoices from hauler, Sellman Enterprises, Inc. Septic Services, and City of Austin Water Utility manifests for hauled liquid waste. All manifests going back to 2015 are on file.



## Waste Tracking Form

No. **24191**

### Generator Information

Generator Name: LONE STAR RIVER BOAT  
Address: 101 51ST ST County: TARRANT Telephone: 512 327 1388

This waste was removed from my: ☐ Grease Trap ☒ Septic Tank ☐ Other \_\_\_\_\_ (Specify)  
☐ Grit Trap ☐ Chemical Toilet

OR This waste is: ☐ Sewer Sludge ☐ Water Treatment Sludge  
My waste tank or trap holds up to \_\_\_\_\_ gallons.  
The transporter removed a total of 200 gallons.  
Date of last pumping: \_\_\_\_\_

As the generator's representative, I certify that this waste contains no hazardous materials, was removed from this address on 3/7/18 at 12:00 ☐ a.m. ☒ p.m., and is to be transported to a facility that the Texas Commission on Environmental Quality has authorized to receive these wastes.

Generator Name (printed) DR. CORNWELL Generator's Signature [Signature]

### Transporter Information

Business Name: SELMAN TCEQ Registration Number: 21565  
Address: P 308 1377 GBRA Permit Number: 17  
BUDA TX 78610 Vehicle Capacity: 3000 gallons  
Telephone: 512 312 0002 Truck License Number: 1M21861

### Grease Trap Conditions

Inches of grease: \_\_\_\_\_ Inches of solids: \_\_\_\_\_ Method of measurement used: \_\_\_\_\_

Condition of trap: \_\_\_\_\_ AS A COURTESY TO THE CUSTOMER, PLEASE CHECK THE TRAP FOR NEEDED REPAIRS AND NOTIFY THE OWNER IF REPAIRS ARE NEEDED.

The liquid waste hauler shall completely evacuate all traps and interceptors during servicing. It shall be unlawful to allow in the servicing of the trap, the discharge of liquid, semi-solids, or solids to be discharged back into a grease or grit trap after servicing.

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I transported 200 gallons of the waste described under **Generator Information** above to waste receiver: Guadalupe-Blanco River Authority - FM 20 plant TCEQ Permit or Registration No. WQ0010210002

I certify that the information provided above is correct and that only the waste certified for removal by the generator is contained in this waste transport vehicle. I am aware that falsification of this trip ticket may result in revocation of my waste transportation permit, criminal prosecution, and/or civil penalties.

Driver Name (printed) \_\_\_\_\_ Driver Signature \_\_\_\_\_

### Receiver Information

Business Name: Guadalupe-Blanco River Authority - FM 20 Plant TCEQ Permit or Registration No. WQ0010210002  
Address: 4435 FM 20 East (Creekview), Lockhart, Texas 78644 Telephone: (512) 398-6391

As the representative of this business, I certify that each of the following statements is true:

- The Texas Commission on Environmental Quality has authorized this business to accept the waste specified under "Generator Information" above.
- The transporter named above delivered \_\_\_\_\_ gallons of this waste to this business on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_:\_\_\_\_ ☐ a.m. ☐ p.m.
- This waste has been recycled or disposed as required by the TCEQ authorization for this business.

Site Operator Name (printed) \_\_\_\_\_ Site Operator Signature \_\_\_\_\_

White copy - Transporter

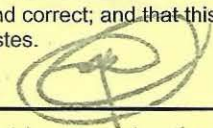
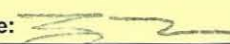
Yellow copy - Generator

Pink copy - GBRA

Green copy - FM 20 Plant

Gold copy - GBRA



Generator Info	Name: <u>LONGSTAR RIVER BOAT</u>		Address: <u>101 S 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>512 327 7388</u>
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:			
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
Gallons Removed: <u>200</u>		Date Removed: <u>5/1/98</u>		
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <u>DJ. CORNWELL</u>		Signature: 		
Transporter Info	Business Name: <u>SELLMAN</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>512 312 0002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>4BK2639</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: <u>TERRY TULLOS</u>		Signature: 		
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste from one transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.				

**SELLMAN ENTERPRISES, INC.**

**SEPTIC SERVICES**

*Septic Pumping and Repairs*

INVOICE #

**032215**

P.O. BOX 1377, BUDA, TX 78610

AUSTIN  
SOUTH 512-445-5489  
NORTH 512-837-1199  
FAX 512-295-5534



**BILL TO:**

5466 3209 57284050

**LOCATION:**

LONGSTAR RIVER BOAT

904 6074445

AUSTIN 78763

TIME IN:

TIME OUT:

TOTAL TIME:

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
<u>TT</u>						PUMP SEPTIC TANK	
						EXT PUMPING TIME	<u>225.00</u>
						DIGGING TIME	
						EXT GALLONS	
						SYSTEM TYPE	
						TANK SIZE	
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	
						INLET TEE OK	
						OUTLET TEE OK	
						TANK DAMAGE	
						SYSTEM FAILURE	
						COMMENTS	
						SUB TOTAL	<u>225.00</u>
						TAX	<u>18.50</u>
						TOTAL	<u>243.50</u>

*Thank You*

TERMS: Due Upon Receipt

\$25.00 RETURN CHECK FEE

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.



# SELLMAN ENTERPRISES, INC.

## SEPTIC SERVICES

Septic Pumping and Repairs

INVOICE # **031961**  
 DATE: **7/18/18**



P.O. BOX 1377, BUDA, TX 78610  
 AUSTIN  
 SOUTH 512-445-5489  
 NORTH 512-837-1199  
 FAX 512-295-5534

BILL TO:  
 MICHAEL & K PEARCE  
 5466 3209 5728 4050  
 MC EXR 11/18 (672)  
 904 607 1443

LOCATION:  
 LONE STAR AVEEN BOAT  
 AUSTIN 78763

TIME IN: **230** TIME OUT: **305** TOTAL TIME: **305**

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
						PUMP SEPTIC TANK	
						EXT PUMPING TIME	<b>225.00</b>
						DIGGING TIME	
						EXT GALLONS	
						SYSTEM TYPE	
						TANK SIZE	
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	
						INLET TEE OK	
						OUTLET TEE OK	
						TANK DAMAGE	
						SYSTEM FAILURE	
COMMENTS							
200 GAL. Haul/11/18							
SUB TOTAL							<b>225.00</b>
TAX							<b>18.50</b>
TOTAL							<b>243.50</b>

Thank You

\$25.00 RETURN CHECK FEE

TERMS: Due Upon Receipt

X

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

Generator Info

Name: **LONE STAR AVEEN BOAT** Address: **101 S 151 ST**  
 City: **AUSTIN** State: **TX** Zip Code: **78704** Phone: **512 327 1388**  
 Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:  
☐ Wastewater Treatment Plant Sludge ☐ Food Service Grease Interceptor (or Trap) Capacity = \_\_\_\_\_ (gal.)  
☐ Chemical Toilet ☒ Septic Tank / Sewage Holding Tank Capacity = \_\_\_\_\_ (gal.)  
☐ Wastewater from Sanitary Sewer System ☐ Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = \_\_\_\_\_ (gal.)  
☐ Other - Specify Source and Type of Waste: \_\_\_\_\_  
 Gallons Removed: **200** Date Removed: **7/13/18**  
 As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.  
 Printed Name: **DJ CORNWELL** Signature: \_\_\_\_\_

Transporter Info

Business Name: **SELLMAN** Address: **454 KELLY SMITH**  
 City: **BUDA** State: **TX** Zip Code: **78610** Phone: **512 312 0007**  
 TCEQ Registration No.: **21505** Vehicle License No.: **4BX2639**  
 COA Permit No.: **73** Gallons Transported: **200** Date Relinquished: \_\_\_\_\_  
 As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.  
 Printed Name: **TERRY TUCLOS** Signature: \_\_\_\_\_

Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.  
 1. Was this waste transferred to the vehicle identified above from a previous transporter vehicle? ☐ Yes ☒ No



City of Austin / Travis County  
Austin Water Utility  
**Manifest / Trip Ticket for Hauled Liquid Waste**

Number: **1010456**

<b>Generator Info</b>	Name: <u>CONESTOGA RIVER BOAT</u>		Address: <u>101 S 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>512 327 1388</u>
	<b>Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:</b> <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>9 25 18</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: <u>DJ. CORNWELL</u> Signature: <u>[Signature]</u>				
<b>Transporter Info</b>	Business Name: <u>SECURUS</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>512 312 0002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>KBX2839</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: <u>TERRY TULLOS</u> Signature: <u>[Signature]</u>				
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original</b> "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct.			
	Printed Name:		Signature:	
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	<b>Check One:</b> <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ <b>OR</b> TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility. Printed Name: _____      Signature: _____			



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **103415**

<b>Generator Info</b>	Name: <u>LONE STAR RIVER BOATS</u>		Address: <u>101 S 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>9046078448</u>
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>12 28 18</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <u>D.J. CORNWELL</u>		Signature: <u>[Signature]</u>		
<b>Transporter Info</b>	Business Name: <u>SEWMAN</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>5123120002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>4B82679</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: <u>TERRY TULLOS</u>		Signature: <u>[Signature]</u>		
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original</b> "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct.			
	Printed Name: _____		Signature: _____	
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ <b>OR</b> TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: <ul style="list-style-type: none"> <li>The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above;</li> <li>The waste was received by this facility on the date and time indicated; and</li> <li>The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility.</li> </ul>			
Printed Name: _____		Signature: _____		



**SELLMAN ENTERPRISES, INC.**  
**SEPTIC SERVICES**

*Septic Pumping and Repairs*

INVOICE # **031330**

DATE: 12/25/18

**P.O. BOX 1377, BUDA, TX 78610**

AUSTIN  
SOUTH 512-445-5489  
NORTH 512-837-1199

BUDA  
512-312-0002  
FAX 512-295-5534



**BILL TO:**

MICHAEL K PEARCE  
5466 7209 5728 4050  
MC EXT 11/23 (894)  
904 607 8440

**LOCATION:**

(WEST) TAIL RIVER HUNT

AUSTIN 78763

TIME IN: 110

TIME OUT: 145

TOTAL TIME:

SOLD BY <u>TT</u>	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #
DESCRIPTION					AMOUNT
PUMP SEPTIC TANK					<u>225</u>
EXT PUMPING TIME HRS @					
DIGGING TIME HRS @					
EXT GALLONS GAL @					
SYSTEM TYPE CONV. <input type="checkbox"/> LPD <input type="checkbox"/>					
TANK SIZE GAL @					
AEROBIC BRAND					
OTHER					
SERVICE CALL					
PROPER WATER LEVEL ( ) YES ( ) NO					
INLET TEE OK ( ) YES ( ) NO					
OUTLET TEE OK ( ) YES ( ) NO					
TANK DAMAGE ( ) YES ( ) NO					
SYSTEM FAILURE ( ) YES ( ) NO					
COMMENTS <u>200 GAL HOLDING</u>					SUB TOTAL <u>225</u>
					TAX <u>18 57</u>
					TOTAL <u>243 57</u>

*Thank You*

**TERMS: Due Upon Receipt**

**\$25.00 RETURN  
CHECK FEE**

**X**

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1058235**

<b>Generator Info</b>	Name: <u>LONGSTON RIVER BOAT</u>		Address: <u>1615 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>9046078448</u>
	<b>Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:</b> <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>3 22 18</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: <u>DJ. CORNWELL</u> Signature: <u>[Signature]</u>				
<b>Transporter Info</b>	Business Name: <u>SECCAMAN</u>		Address: <u>454 GELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>5127120002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>4BX2639</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: <u>TERRY TULLOS</u> Signature: <u>[Signature]</u>				
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original</b> "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct. Printed Name: _____      Signature: _____			
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR      TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility. Printed Name: _____      Signature: _____			



# SELLMAN ENTERPRISES, INC.

## SEPTIC SERVICES

INVOICE # **029983**

Septic Pumping and Repairs

DATE: 5-21-8

P.O. BOX 1377, BUDA, TX 78610

AUSTIN

SOUTH 512-445-5489  
NORTH 512-837-1199

BUDA  
512-312-0002  
FAX 512-295-5534

BILL TO:

MICHAEL & DEANNE  
512 3209 5728 40850  
14 C EX 11/23 (594)  
904 607 8448

LOCATION:

LOUISIANA BOAT  
AUSTIN 78763

TIME IN: 2:00

TIME OUT: 2:30

TOTAL TIME:

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	TOTAL TIME:
7/7						
DESCRIPTION						AMOUNT
PUMP SEPTIC TANK						
EXT PUMPING TIME		HRS @				= 2.5
DIGGING TIME		HRS @				=
EXT GALLONS		GAL @				=
SYSTEM TYPE	CONV. <input type="checkbox"/>	LPD <input type="checkbox"/>				=
TANK SIZE		GAL @				=
AEROBIC BRAND						=
OTHER						=
SERVICE CALL						=
PROPER WATER LEVEL		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				=
INLET TEE OK		<input type="checkbox"/> YES <input type="checkbox"/> NO				
OUTLET TEE OK		<input type="checkbox"/> YES <input type="checkbox"/> NO				
TANK DAMAGE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
SYSTEM FAILURE		<input type="checkbox"/> YES <input type="checkbox"/> NO				
COMMENTS	200 GAL HOLE					
SUB TOTAL						225.00
TAX						15.87
TOTAL						240.87

TERMS: Due Upon Receipt

X

\$25.00 RETURN  
CHECK FEE

Thank You

SIGNATURE: I hereby acknowledge and accept satisfactory work as described.



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: 1058223

<b>Generator Info</b>	Name: LONG STAR RIVER BOAT		Address: 10151ST ST	
	City: AUSTIN	State: TX	Zip Code: 78704	Phone: 5123271388
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity: <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: 200		Date Removed: 6/7/19	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: Mike Pearce      Signature: Mike Pearce				
<b>Transporter Info</b>	Business Name: SELLMAN		Address: 454 KELLY SMITH	
	City: BUDA	State: TX	Zip Code: 78610	Phone: 5123720002
	TCEQ Registration No.: 21565		Vehicle License No.: 4BX2639	
	COA Permit No.: 73	Gallons Transported: 200	Date Relinquished:	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: TERRY TULLY      Signature: Terry Tully				
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original "Generator Info"</b> (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct. Printed Name:      Signature:			
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility.			
	Printed Name:		Signature:	



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1058225**

<b>Generator Info</b>	Name: <u>LONG STAR RIVER BOAT</u>		Address: <u>101 S 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>512 327 1388</u>
	<b>Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:</b> <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>6 18 19</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes. Printed Name: _____ Signature: _____				
<b>Transporter Info</b>	Business Name: <u>SEELMAN</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>512 312 0007</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>4B X 2639</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code. Printed Name: <u>TERRY TOLLOS</u> Signature: _____				
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original</b> "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct. Printed Name: _____ Signature: _____			
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility.			
	Printed Name: _____		Signature: _____	



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1062979**

<b>Generator Info</b>	Name: <u>LONGSTAR RIVER BOAT</u>		Address: <u>101 S 1ST ST.</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>5123271388</u>
	<b>Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:</b> <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>7 5 19</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <u>DJ CORNWELL</u>		Signature: <u>[Signature]</u>		
<b>Transporter Info</b>	Business Name: <u>SEELMAN</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>5123120002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>KRX 2639</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.				
Printed Name: <u>TERRY TULLOS</u>		Signature: <u>[Signature]</u>		
<b>Transfer Info</b>	<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
	1. Was this waste transferred <b>to</b> the vehicle identified above <b>from</b> a previous transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, indicate the previous Manifest / Trip Ticket No. here: _____			
	2. Is this waste being transferred <b>from</b> the vehicle identified above <b>to</b> a different (new) transporter vehicle? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, complete the section below for the vehicle <b>accepting</b> this waste and <b>initiate a new Manifest / Trip Ticket</b> including the new "Transporter Info" and <b>the original</b> "Generator Info" (duplication of the generator's signature would not be required).			
	New Manifest / Trip Ticket No.:		New Vehicle License No.:	
	Gallons Transferred:		Transfer Date:	
	As the representative for the transporter <b>receiving this transferred waste</b> , I certify that the information provided is true and correct.			
	Printed Name:		Signature:	
<b>Receiver Info</b>	Facility Name:		Address:	
	City:	State:	Zip Code:	Phone:
	Check One: <input type="checkbox"/> Disposal Site <input type="checkbox"/> Permitted Transfer Station <input type="checkbox"/> Registered Transfer Station		TCEQ Type I or Type V Permit No.: _____ OR      TCEQ Registration No.: _____	
	Gallons Received:	Date Received:	Time Received:	
	As the representative for the facility receiving this waste, I certify that: • The TCEQ has authorized this facility to accept the waste specified under "Generator Info" above; • The waste was received by this facility on the date and time indicated; and • The waste has been transferred, recycled or disposed of as required by the TCEQ authorization for this facility.			
	Printed Name:		Signature:	

12/2006

WHITE - Austin Water Utility; YELLOW - Generator (Initial); GREEN - Generator (Final); PINK - Receiver; GOLD - Transporter



# SELLMAN ENTERPRISES, INC.

Septic Pumping and Repairs

INVOICE # 031717

DATE: 8/7/19



P.O. BOX 1377, BUDA, TX 78610

AUSTIN  
SOUTH 512-445-5489  
NORTH 512-837-1199  
FAX 512-295-5534

BILL TO:

LOCATION:

LONESTAR RIVER BOAT

5466 3209 5728 4070

AL 548 11/23 (894)

904 607 8448

TIME IN: 12:20 TIME OUT: 1:05 TOTAL TIME: 45

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
TT						PUMP SEPTIC TANK	225
						EXT PUMPING TIME	
						DIGGING TIME	
						EXT GALLONS	
						SYSTEM TYPE	
						TANK SIZE	
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	
						INLET TEE OK	
						OUTLET TEE OK	
						TANK DAMAGE	
						SYSTEM FAILURE	
COMMENTS: 200 Gals. Hauled							225
SUB TOTAL							225
TAX							18.57
TOTAL							243.57

Thank You

TERMS: Due Upon Receipt

\$25.00 RETURN CHECK FEE

X

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

## City of Austin / Travis County Austin Water Utility Manifest / Trip Ticket for Hauled Liquid Waste

Number: 1063009

Generator Info	Name: LONESTAR RIVER BOAT		Address: 101 51ST ST	
	City: AUSTIN	State: TX	Zip Code: 78704	Phone: 5123271388
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:			
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
Gallons Removed: 200		Date Removed: 8/7/19		
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: J. CORNWALL		Signature: [Signature]		
Transporter Info	Business Name: SELLMAN		Address: 454 KELLY SMITH	
	City: BUDA	State: TX	Zip Code: 78610	Phone: 5123120002
	TCEQ Registration No.: 21565		Vehicle License No.: K8X2639	
	COA Permit No.: 73	Gallons Transported: 200	Date Relinquished:	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.				
Printed Name: TERRY TULLOS		Signature: [Signature]		
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.				



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1063076**

<b>Generator Info</b>	Name: <u>LONG STARR RIVER BOAT</u>	Address: <u>1615 1ST ST</u>	
	City: <u>AUSTIN</u>	State: <u>TX</u>	Zip Code: <u>78704</u> Phone: <u>512 327 1388</u>
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:		
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____		
Gallons Removed: <u>200</u>		Date Removed: <u>9/18/19</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.			
Printed Name: <u>DS CORNWELL</u>		Signature: <u>[Signature]</u>	
<b>Transporter Info</b>	Business Name: <u>SELLMAN</u>		Address: <u>4546 CALY SMITH</u>
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u> Phone: <u>512 312 0002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>KBX2238</u>
	COA Permit No.: <u>22</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: <u>TERRY TULLOS</u>		Signature: <u>[Signature]</u>	
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.			
1. Was this waste transferred to the vehicle identified by _____?			

**SELLMAN ENTERPRISES, INC.**

**SEPTIC SERVICES**

Septic Pumping and Repairs

INVOICE #

**030763**

DATE: 9/18/19

P.O. BOX 1377, BUDA, TX 78610

AUSTIN

BUDA

SOUTH 512-445-5489 512-312-0002  
NORTH 512-837-1199 FAX 512-295-5534



BILL TO:

MICHAEL & DEARCE

LOCATION:

LONG STARR RIVER BOAT

5966 3209 5728 4650  
MC EXP 11/23 (994)

40512 78763

TIME IN: 1255

TIME OUT: 1255

TOTAL TIME: \_\_\_\_\_

DESCRIPTION	AMOUNT
PUMP SEPTIC TANK	= 225
EXT PUMPING TIME	HRS @ _____
DIGGING TIME	HRS @ _____
EXT GALLONS	GAL @ _____
SYSTEM TYPE	CONV. <input type="checkbox"/> LPD <input type="checkbox"/>
TANK SIZE	GAL @ _____
AEROBIC BRAND	= _____
OTHER	= _____
SERVICE CALL	( ) YES ( ) NO
PROPER WATER LEVEL	( ) YES ( ) NO
INLET TEE OK	( ) YES ( ) NO
OUTLET TEE OK	( ) YES ( ) NO
TANK DAMAGE	( ) YES ( ) NO
SYSTEM FAILURE	( ) YES ( ) NO
SUB TOTAL	225
TAX	18.57
TOTAL	243.57

COMMENTS: 200 GAL Hauling

TERMS: Due Upon Receipt

\$25.00 RETURN CHECK FEE

Thank You

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1063072**

Generator Info	Name: <b>LOPESTAN RIVER BOAT</b>		Address: <b>101 S 15th ST</b>	
	City: <b>AUSTIN</b>	State: <b>TX</b>	Zip Code: <b>78704</b>	Phone: <b>512 327 1388</b>
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:			
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
Gallons Removed: <b>200</b>		Date Removed: <b>10/21/19</b>		
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <b>DS. Cowen</b>		Signature:		
Transporter Info	Business Name: <b>SELLMAN</b>		Address: <b>454 KELLY SMITH</b>	
	City: <b>BUDA</b>	State: <b>TX</b>	Zip Code: <b>78610</b>	Phone: <b>512 312 0002</b>
	TCEQ Registration No.: <b>21565</b>		Vehicle License No.: <b>K3K2635</b>	
	COA Permit No.: <b>73</b>	Gallons Transported: <b>200</b>	Date Relinquished: _____	
As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.				
Printed Name: <b>TERRY TULLOS</b>		Signature:		
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste from a generator to a transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.				

Transfer Info	PUMP SEPTIC TANK		DESCRIPTION		AMOUNT
	EXT PUMPING TIME	HRS @			225.00
Receiver Info	DIGGING TIME	HRS @			
	EXT GALLONS	GAL @			
	SYSTEM TYPE	CONV. <input type="checkbox"/> LPD <input type="checkbox"/>			
	TANK SIZE	GAL @			
	AEROBIC BRAND				
	OTHER				
	SERVICE CALL				
	PROPER WATER LEVEL	( ) YES ( ) NO			
	INLET TEE OK	( ) YES ( ) NO			
	OUTLET TEE OK	( ) YES ( ) NO			
	TANK DAMAGE	( ) YES ( ) NO			
	SYSTEM FAILURE	( ) YES ( ) NO			
	COMMENTS				
	SUB TOTAL				225.00
	TAX				18.57
	TOTAL				243.57

**TERMS: Due Upon Receipt**

**\$25.00 RETURN CHECK FEE**

Signature:

**DATE: 10/21/19**

**LOCATION: LOPESTAN RIVER BOAT**

**909 607 4448**

**Bill To:** MICHAEL K PEARCE  
5466 3209 5725 4050  
MC 6411/23 (814)

**P.O. BOX 1377, BUDA, TX 78610**  
AUSTIN  
SOUTH 512-445-5489      BUDA 512-312-0002  
NORTH 512-837-1199      FAX 512-295-5634



**LLMAN ENTERPRISES, INC.**  
**SEPTIC SERVICES**  
 Septic Pumping and Repairs

P.O. BOX 1377, BUDA, TX 78610

AUSTIN  
 SOUTH 512-445-5489  
 NORTH 512-837-1199  
 FAX 512-295-5534

CALL TO:

504 667 8440

1644 ELK PLACE

466 3206 57284050

12/23/89

LOCATION:

LONG STAR RIVER BOAT

AUSTIN

TIME IN: 12:50 TIME OUT: 12:55 TOTAL TIME:

OLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
						PUMP SEPTIC TANK	= 225
						EXT PUMPING TIME	=
						DIGGING TIME	=
						EXT GALLONS	=
						SYSTEM TYPE	=
						TANK SIZE	=
						AEROBIC BRAND	=
						OTHER	=
						SERVICE CALL	=
						PROPER WATER LEVEL	( ) YES ( ) NO
						INLET TEE OK	( ) YES ( ) NO
						OUTLET TEE OK	( ) YES ( ) NO
						TANK DAMAGE	( ) YES ( ) NO
						SYSTEM FAILURE	( ) YES ( ) NO
						COMMENTS	
						SUB TOTAL	225
						TAX	1857
						TOTAL	243 57

Thank You

\$25.00 RETURN  
CHECK FEE

TERMS: Due Upon Receipt

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

City of Austin / Travis County  
 Austin Water Utility  
 Manifest / Trip Ticket for Hauled Liquid Waste

Number: 1087173

Generator Info

Name: LONG STAR RIVER BOAT Address: 200 BARTON SPRINGS RD  
 City: AUSTIN State: TX Zip Code: 78704 Phone: 512 327 1484  
 Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:  
☐ Wastewater Treatment Plant Sludge ☐ Food Service Grease Interceptor (or Trap) Capacity = \_\_\_\_\_ (gal.)  
☐ Chemical Toilet ☐ Septic Tank / Sewage Holding Tank Capacity = \_\_\_\_\_ (gal.)  
☐ Wastewater from Sanitary Sewer System ☐ Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = \_\_\_\_\_ (gal.)  
☐ Other - Specify Source and Type of Waste: \_\_\_\_\_

Gallons Removed: 200 Date Removed: 12/11/89

As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.

Printed Name: DT. CORNWELL Signature: [Signature]

Transporter Info

Business Name: SECURMAN Address: 459 KELLY SMITH  
 City: BUDA State: TX Zip Code: 78610 Phone: 512 312 0002  
 TCEQ Registration No.: 21565 Vehicle License No.: KBBX 2639  
 COA Permit No.: 73 Gallons Transported: 200 Date Relinquished: \_\_\_\_\_

As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.

Printed Name: TERRY TOLLOS Signature: [Signature]

Note: This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.

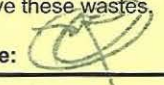
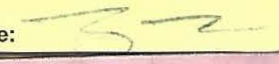
Invoice

DATE: \_\_\_\_\_  
 LOCATION: LONG STAR RIVER BOAT  
 AUSTIN  
 SOUTH 512-445-5489  
 NORTH 512-837-1199  
 FAX 512-295-5534  
 CALL TO: 504 667 8440  
 1644 ELK PLACE  
 466 3206 57284050  
 12/23/89



City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: **1091728**

Generator Info	Name: <b>LONE STAR RIVER BOAT</b>	Address: <b>1015.1 ST ST.</b>		
	City: <b>AUSTIN</b>	State: <b>TX</b>	Zip Code: <b>78704</b>	Phone: <b>9046078448</b>
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:			
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
Gallons Removed: <b>200</b>		Date Removed: <b>2720</b>		
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <b>DJ CORNWELL</b>		Signature: 		
Transporter Info	Business Name: <b>SELLMAN</b>		Address: <b>154 KELLY SMITH</b>	
	City: <b>BUDA</b>	State: <b>TX</b>	Zip Code: <b>78610</b>	Phone: <b>5123120002</b>
	TCEQ Registration No.: <b>21565</b>		Vehicle License No.: <b>4BX2679</b>	
	COA Permit No.: <b>73</b>	Gallons Transported: <b>200</b>	Date Relinquished: <b>2720</b>	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: <b>TERRY TULLOS</b>		Signature: 		

Note: This section is for the transporter's use only.

**SELLMAN ENTERPRISES, INC.**  
**SEPTIC SERVICES**  
Septic Pumping and Repairs

INVOICE # **32344**

DATE: **2720**

P.O. BOX 1377, BUDA, TX 78610

AUSTIN

BUDA

SOUTH 512-445-5489  
NORTH 512-837-1199  
FAX 512-295-5534



BILL TO:

LOCATION:

**MCARD & REARCE**  
**MCARD 11/23 (894)**  
**9046078448**  
**AUSTIN 78703**

TIME IN: **145** TIME OUT: **225** TOTAL TIME: \_\_\_\_\_

DESCRIPTION	AMOUNT
PUMP SEPTIC TANK	=
EXT PUMPING TIME	HRS @
DIGGING TIME	HRS @
EXT GALLONS	GAL @
SYSTEM TYPE	CONV. <input type="checkbox"/> GAL @ L.P.D. <input type="checkbox"/>
TANK SIZE	=
AEROBIC BRAND	=
OTHER	=
SERVICE CALL	( ) YES ( ) NO
PROPER WATER LEVEL	( ) YES ( ) NO
INLET TEE OK	( ) YES ( ) NO
OUTLET TEE OK	( ) YES ( ) NO
TANK DAMAGE	( ) YES ( ) NO
SYSTEM FAILURE	( ) YES ( ) NO
COMMENTS: <b>200 GAL Hauled</b>	
SUB TOTAL	<b>225</b>
TAX	<b>18 57</b>
TOTAL	<b>243 57</b>

Thank You

TERMS: Due Upon Receipt

\$25.00 RETURN  
CHECK FEE

X SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.



City of Austin / Travis County  
Austin Water Utility  
**Manifest / Trip Ticket for Hauled Liquid Waste**

Number: **1091746**

<b>Generator Info</b>	Name: <u>LORESTAN RIVERA BOAT</u>		Address: <u>101 S 1ST ST</u>	
	City: <u>HOUSTON</u>	State: <u>TX</u>	Zip Code: <u>78704</u>	Phone: <u>512 327 1388</u>
	<b>Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:</b> <input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = _____ (gal.) <input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = _____ (gal.) <input type="checkbox"/> Other - Specify Source and Type of Waste: _____			
	Gallons Removed: <u>200</u>		Date Removed: <u>2-25-20</u>	
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: <u>Chris Leach</u>		Signature: <u>Chris Leach</u>		
<b>Transporter Info</b>	Business Name: <u>SELLMAN</u>		Address: <u>454 KELLY SMITH</u>	
	City: <u>BUDA</u>	State: <u>TX</u>	Zip Code: <u>78610</u>	Phone: <u>512 312 0002</u>
	TCEQ Registration No.: <u>21565</u>		Vehicle License No.: <u>KBX239</u>	
	COA Permit No.: <u>73</u>	Gallons Transported: <u>200</u>	Date Relinquished: _____	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: <u>TERRY TUCKER</u>		Signature: <u>Terry Tucker</u>		
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by TCEQ or is a TCEQ-registered facility.				

**SELLMAN ENTERPRISES, INC.**

**SEPTIC SERVICES**

INVOICE # **32961**

*Septic Pumping and Repairs*

DATE: 2-25-20

P.O. BOX 1377, BUDA, TX 78610

AUSTIN  
SOUTH 512-445-6489  
NORTH 512-837-1199  
FAX 512-295-5534

BILL TO: MICHAEL K PERALTE

LOCATION: LORESTAN RIVERA BOAT

5466 3209 5723 4050  
MC 812 11/23 (894)  
512 327 1388

101 S 1ST ST  
AUSTIN

TIME IN: <u>1:15</u>	TIME OUT: <u>2:00</u>	TOTAL TIME: _____		
SOLD BY <u>77</u>	CASH <input type="checkbox"/>	CHECK <input checked="" type="checkbox"/>	CHARGE <input checked="" type="checkbox"/>	ON ACCOUNT <input type="checkbox"/>
				P.O. # _____
DESCRIPTION				AMOUNT
PUMP SEPTIC TANK				=
EXT PUMPING TIME				=
DIGGING TIME				=
EXT GALLONS				=
SYSTEM TYPE				=
TANK SIZE				=
AEROBIC BRAND				=
OTHER				=
SERVICE CALL				=
PROPER WATER LEVEL				=
INLET TEE OK				=
OUTLET TEE OK				=
TANK DAMAGE				=
SYSTEM FAILURE				=
COMMENTS <u>200 GAL HOLDING</u>				
SUB TOTAL				225
TAX				13.57
TOTAL				243.57

**TERMS: Due Upon Receipt**

**\$25.00 RETURN CHECK FEE**

*Thank You*

SIGNATURE: Chris Leach



32723 INVOICE #

LMAN ENTERPRISES, INC.

SEPTIC SERVICES

Septic Pumping and Repairs

P.O. BOX 1377, BUDA, TX 78610

AUSTIN BUDA  
SOUTH 512-445-5489 512-312-0002  
NORTH 512-837-1199 FAX 512-295-5534

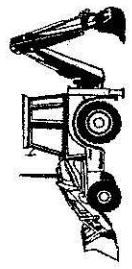
BILL TO:

MICHAEL K PENCE

5466 3209 578 4052

MC 688 11/23 (2014)

912 327 1001



LOCATION:

10151 ST  
114188 ST  
4801

TIME IN: 2:00 TIME OUT: 2:15 TOTAL TIME: 15

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
						PUMP SEPTIC TANK	= 225
						EXT PUMPING TIME	HRS @
						DIGGING TIME	HRS @
						EXT GALLONS	GAL @
						SYSTEM TYPE	CONV. <input type="checkbox"/> PD <input type="checkbox"/>
						TANK SIZE	GAL @
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	( ) YES ( ) NO
						INLET TEE OK	( ) YES ( ) NO
						OUTLET TEE OK	( ) YES ( ) NO
						TANK DAMAGE	( ) YES ( ) NO
						SYSTEM FAILURE	( ) YES ( ) NO
						COMMENTS	200 GAL 11/23/14
						SUB TOTAL	225
						TAX	15
						TOTAL	240

Thank You

\$25.00 RETURN CHECK FEE

TERMS: Due Upon Receipt

SIGNATURE: I hereby acknowledge and accept satisfactory work as described above.

City of Austin / Travis County  
Austin Water Utility  
Manifest / Trip Ticket for Hauled Liquid Waste

Number: 1111961

Generator Info	Name: LONESTAR RIVER BOAT	Address: 10151 ST		
	City: AUSTIN	State: TX	Zip Code: 78701	Phone: 512 327 1388
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:			
	<input type="checkbox"/> Wastewater Treatment Plant Sludge <input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = (gal.)			
	<input type="checkbox"/> Chemical Toilet <input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = (gal.)			
<input type="checkbox"/> Wastewater from Sanitary Sewer System <input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = (gal.)				
<input type="checkbox"/> Other - Specify Source and Type of Waste:				
Gallons Removed: 200		Date Removed: 6/2/20		
As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.				
Printed Name: Chris Leach		Signature: Chris Leach		
Transporter Info	Business Name: SECCANAN		Address: 454 KELLY SMITH	
	City: BUDA	State: TX	Zip Code: 78610	Phone: 512 312 0002
	TCEQ Registration No.: 21565		Vehicle License No.: KBX2639	
	COA Permit No.: 73	Gallons Transported: 200	Date Relinquished: 1	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.			
Printed Name: TERRY TULLOS		Signature: Terry Tullus		
<b>Note:</b> This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste to any secondary transporter must be at a Type V facility that is either permitted by or registered with the TCEQ.				



**SELLMAN ENTERPRISES, INC.**  
**SEPTIC SERVICES**  
 Septic Pumping and Repairs

P.O. BOX 1377, BUDA, TX 78610  
 AUSTIN  
 SOUTH 512-445-5489  
 NORTH 512-837-1199  
 FAX 512-295-5534

**BILL TO:**

MICHAEL PEARCE  
 546 3209 5728 4050  
 A/C 546 11/23 (894)

**LOCATION:**

LODESTAR RIVER BOAT  
 AUSTIN 78763



INVOICE # 32688

DATE: 9/18/20

TIME IN:

TIME OUT:

TOTAL TIME:

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
						PUMP SEPTIC TANK	
						EXT PUMPING TIME	HRS @ 225.00
						DIGGING TIME	HRS @
						EXT GALLONS	GAL @
						SYSTEM TYPE	CONV. <input type="checkbox"/> LPD <input type="checkbox"/>
						TANK SIZE	GAL @
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	( ) YES ( ) NO
						INLET TEE OK	( ) YES ( ) NO
						OUTLET TEE OK	( ) YES ( ) NO
						TANK DAMAGE	( ) YES ( ) NO
						SYSTEM FAILURE	( ) YES ( ) NO
COMMENTS: 200 GAL 4050							
SUB TOTAL							225.00
TAX							18.51
TOTAL							243.51

TERMS: Due Upon Receipt

Thank You

\$25.00 RETURN  
CHECK FEE

City of Austin / Travis County  
 Austin Water Utility  
 Manifest / Trip Ticket for Hauled Liquid Waste

Number: 1112088

Generator Info	Name: LONESTAR RIVER BOAT	Address: 101 S 1ST ST
	City: AUSTIN	State: TX
	Zip Code: 78704	Phone: 512 327 1388
	Indicate the waste type (must check one) and, if applicable, the interceptor (or trap) capacity:	
Generator Info	<input type="checkbox"/> Wastewater Treatment Plant Sludge	<input type="checkbox"/> Food Service Grease Interceptor (or Trap) Capacity = (ga)
	<input type="checkbox"/> Chemical Toilet	<input checked="" type="checkbox"/> Septic Tank / Sewage Holding Tank Capacity = (ga)
	<input type="checkbox"/> Wastewater from Sanitary Sewer System	<input type="checkbox"/> Grit / Mud / Oil / Lint Interceptor (or Trap) Capacity = (ga)
	<input type="checkbox"/> Other - Specify Source and Type of Waste:	
Transporter Info	Gallons Removed: 200	Date Removed: 9/18/20
	As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.	
	Printed Name: Chris Leach	Signature: Chris Leach
	Business Name: SELLMAN	Address: 454 KELLY SMITH
Transporter Info	City: BUDA	State: TX
	Zip Code: 78610	Phone: 512 312 0002
	TCEQ Registration No.: 21565	Vehicle License No.: K3X 2639
	COA Permit No.: 73	Gallons Transported: 200
Transporter Info	Date Relinquished: 9/18/20	
	As the representative for the transporter of this waste, I certify that the information provided is true and correct; and that this waste was collected in accordance with Title 30 of the Texas Administrative Code, Chapter 312, Subchapter G and the Austin City Code.	
	Printed Name: TERRY TULLOS	Signature: TERRY TULLOS
	This section is for documenting transfers of wastes between vehicles operating under the same TCEQ Registration Number. The transfer of waste	



City of Austin / Travis County  
Austin Water  
Manifest / Trip Ticket for Hauled Liquid Wastes

Number: **1129932**

Generator Name: LONGSTAN RIVER BOAT Address: 16151ST ST  
City: AUSTIN State: TX Zip Code: 78704 Phone: 5123271358

1. Indicate the waste type (check one) and, if applicable, the tank, interceptor or trap capacity: ☐ Food service grease interceptor or trap waste  
☐ Chemical toilet / portable toilet waste ☐ Wastewater from a mobile food vendor ☐ Grit / mud / oil / lint interceptor or trap waste  
☐ Wastewater treatment plant sludge ☐ Wastewater from sanitary sewer system ☐ Septic tank / sewage holding tank waste  
☐ Other - specify source and type of waste: \_\_\_\_\_ Tank, interceptor or trap capacity: \_\_\_\_\_ (gallons)

2. This section applies to any waste removed from food service grease interceptors or traps that are subject to Austin City Code specified pump-out frequency requirements. All food service grease interceptors or traps located within the City of Austin (COA) or located at any property that receives wastewater service from Austin Water must comply. If needed, contact Austin Water to obtain the requested COA Pollution Control Device ID.

- a) Was this waste removed from a grease interceptor or trap that is subject to Austin City Code pump-out requirements? ☐ Yes ☐ No

If NO, skip b) through f) below:

- b) COA Pollution Control Device ID: ☐ unknown If ID unknown, provide device's GPS coordinates (in decimal degrees) below  
c) Percent solids/grease (estimate): \_\_\_\_\_ Latitude: 30. Longitude: -97.  
d) Is interceptor in good operating condition? ☐ Yes ☐ No If any interceptor problem or defect observed, please describe below  
e) Is submission of pump-out report required? ☐ Yes ☐ No  
f) Pump-out reporting done by: ☐ Generator ☐ Hauler ☐ N/A Name or initials of person reporting: \_\_\_\_\_

Gallons Removed: 200 Date Removed: 10/14/20

As the representative for the generator of this waste, I certify that the information provided is true and correct; and that this waste is to be transported to a facility authorized by the Texas Commission on Environmental Quality (TCEQ) to receive these wastes.

Printed Name: Chris Leach Signature: Chris Leach

Hauler Business Name: SELLMAN Address: 454 KELLY SOUTH

City: BUDA State: TX Zip Code: 78610 Phone: 5123120002

TCEQ Registration No.: 215050 Vehicle License No.: 498239

INVOICE # **34497**

SELLMAN ENTERPRISES, INC.

SEPTIC SERVICES

Septic Pumping and Repairs



P.O. BOX 1377, BUDA, TX 78610

AUSTIN  
SOUTH 512-445-5489  
NORTH 512-837-1199  
FAX 512-295-5534

BILL TO:

LOCATION:

TIME IN: 1:23 TIME OUT: 1:55 TOTAL TIME: 32

SOLD BY	CASH	CHECK	CHARGE	ON ACCOUNT	P.O. #	DESCRIPTION	AMOUNT
						PUMP SEPTIC TANK	200
						EXT PUMPING TIME	15
						DIGGING TIME	15
						EXT GALLONS	200
						SYSTEM TYPE	CONV. <input type="checkbox"/> LPD <input type="checkbox"/>
						TANK SIZE	GAL @
						AEROBIC BRAND	
						OTHER	
						SERVICE CALL	
						PROPER WATER LEVEL	( ) YES ( ) NO
						INLET TEE OK	( ) YES ( ) NO
						OUTLET TEE OK	( ) YES ( ) NO
						TANK DAMAGE	( ) YES ( ) NO
						SYSTEM FAILURE	( ) YES ( ) NO
						COMMENTS	200 GAL WASTEWATER
						SUB TOTAL	225
						TAX	11.57
						TOTAL	243.57

Thank You

\$25.00 RETURN  
CHECK FEE

TERMS: Due Upon Receipt

SIGNATURE: Chris Leach  
I hereby acknowledge and accept satisfactory work as described above.